

**City Of Springdale
201 Spring Street
Springdale, AR 72764
Phone: (479) 750-8535 Fax: (479) 750-8523**

**REQUEST FOR PROPOSAL
EMPLOYEE ASSISTANCE PROGRAM**

INTRODUCTION

The City Of Springdale invites qualified providers to submit proposals for the administration of an Employee Assistance Program (EAP) for its employees. The City is seeking to enter into a contract with services beginning January 1, 2015.

BACKGROUND

The City Of Springdale employs approximately 475 regular full time employees and 20 regular part time employees. The provider should provide sufficient information in their written proposal to demonstrate their ability to provide the administration of the EAP for City Of Springdale employees.

ADMINISTRATION AND PLAN IMPLEMENTATION

The EAP program must be designed to offer free assessment and crisis counseling for a wide variety of problems which may be affecting an employee's job performance, including but not limited to legal, financial, marital, parent-child, health and wellness, substance abuse, etc.

The EAP provider should offer problem assessment and subsequent referral to treatment resources within the community based on coordination with our health insurance provider. The EAP provider should also offer the following services:

- Short-term counseling, if necessary;
- Services to coordinate follow-up and feedback with various community resources;
- Informational material about the EAP services;
- Resource and referral services for childcare, elder care or other care giving needs;
- Training to City of Springdale personnel.

The City Of Springdale has outlined the following objectives for the EAP:

1. To encourage the earliest possible diagnosis, treatment and other appropriate help in all situations where employee health and work performance have been affected;
2. To coordinate employee needs with community services/resources;
3. To help employees attain and/or maintain their full potential on the job;
4. To reduce the economic costs to the employer and to the employee of persistent problems; and
5. To enhance employee relations when employee personal problems affect job performance.

The successful EAP provider should achieve these objectives and should use existing community resources to the greatest extent possible. The privacy and rights of the employee are to be fully protected at all times. The EAP program is intended for both voluntary participation and management referrals.

The EAP provider must coordinate treatment recommendations with the level of benefits provided by the City Of Springdale's health insurance provider. The City's health plan is with BlueCross and BlueShield of Northwest Arkansas.

Providers responding to this proposal are required to respond to the questions contained in Attachment A.

SUBMITTAL REQUIREMENTS

Firms wishing to be considered in the selection process must submit two (2) copies of their proposal no later than 4:00pm, July 7, 2014 to:

Gina Lewis, Director of Human Resources
City Of Springdale
201 Spring Street
Springdale, AR 72764

The proposal package shall be plainly marked with your firm's name in the lower left corner of the cover as follows:

Employee Assistance Program
Submittal Date: July 7, 2012
Submitted by:_____

Proposals received after the designated time will not be considered in the evaluation process and will be returned unopened. The City Of Springdale reserves the right to accept or reject any or all proposals.

SELECTION PROCESS AND SCHEDULE

The City Of Springdale will evaluate the proposals and make a recommendation to either select a provider based on the proposals alone or to interview a “short list” of providers. If interviews are to be held, a letter will be sent to all providers which states whether said firm has been removed from further consideration, or whether they are still a candidate, along with details of the interview process.

Following selection of the best proposal, the City of Springdale will negotiate contractual terms, level of effort and scope of services; and upon successful negotiations, an award will be recommended by the City of Springdale. Contract award will be made to the provider whose proposal best complies with the Request for Proposal and will be the most advantageous to the City Of Springdale. The City, depending upon the thoroughness of the proposals, may, at its sole option, award a contract based upon the initial proposal submittal. Do not assume there will be an opportunity for submittal of additional information. Submit your proposals as if it were “best and final offer”

The following is the anticipated schedule for this project:

June 30, 2014, 4:00pm Deadline for Proposal Submittals

July, 2014 Proposal Evaluation and Selection

August, 2014 Notice to Proceed

PROPOSAL EVALUATION CRITERIA

The following information must be included in each proposal and will form the basis of the evaluation. The City Of Springdale will thoroughly review and evaluate each proposal. Responses should be clear, concise and complete. Proposals must address all sections in the Request for Proposal. Any deviations or other considerations in any section should be outlined in detail in your response. Interviews may be conducted to obtain additional information regarding the proposal.

QUALIFICATIONS AND EXPERIENCE OF FIRM

This will include an overall assessment of the proposer’s ability to meet all the requirements of the RFP; the ability of the proposer to provide informational reports to the City of Springdale, experience of the proposer with public sector organizations and the proposer’s willingness to provide specified contact person for resolving questions and/or issues that may arise.

Proposals should include sufficient data to cover these areas:

- A willingness to agree to specified levels of performance for customer service and quality and a specified contact person for resolving questions and/or issues that may arise.
- Ability to provide quarterly reports of utilization. Examples of reports should be included with the proposal.
- List of references including contact names and telephone numbers. References should include public sector organizations for whom you provide similar services.
- List of staff who will be involved in the District's plan and their qualifications.
- Willingness to provide program promotional materials and web based tools.

SERVICES AND TRAINING

The proposal should indicate whether the provider is able to provide the following services and training:

- Twenty-four (24) hour toll-free telephone access to any employee or family member.
- Management consultation, as required, on matters including, but not limited to, initiation or monitoring of individual employee referrals, coaching for improved job performance, employee discipline, dysfunctional work groups, stress management and other related management issues.
- EAP specific supervisory training sessions.
- Annual training including management development, "brown bags" and education programs on workplace issues.
- If needed, conflict assessment/resolution and/or mediation.
- Confidential problem assessment, treatment referral and follow-up services to active employees and/or their eligible dependents.
- EAP provider should provide short-term counseling toward problem resolution to employees and their eligible dependents, up to three sessions post-assessment.
- In-person assessment, referral and treatment case management including employee back-to-work interviews of company initiated referrals.
- On-site workplace assistance to any employee group or department requiring counseling or intervention services due to a workplace traumatic event.

PRICE (COST PROPOSAL)

The proposal should include the initial and long-term cost for services provided.

The cost proposal should identify and explain the billing process to be used.

The cost proposal shall include a not-to-exceed rate guarantee for subsequent years. Include any implementation fees which will be charged to the City of Springdale for the initial year, if applicable, as a separate identifiable cost item. The City of Springdale at its discretion shall determine the terms of the contract.

Attachment A
EMPLOYEE ASSISTANCE PROGRAM
PROPOSAL QUESTIONNAIRE

The information contained in this questionnaire will be used in evaluating your proposal. Please answer all questions, completely or explain why a question cannot be answered. If you are selected as the City of Springdale's Employee Assistance Program provider, your responses to the questionnaire will be considered part of your contractual responsibilities.

PROGRAM IMPLEMENTATION AND ADMINISTRATION

1. How much lead time would you require to implement the City of Springdale as a new client? How would the transition occur?
2. Who would be the City of Springdale's primary contact for consultation and program implementation? Who would be the City of Springdale's primary contact for ongoing program administration? What is his/her background?
3. Please provide a sample of the type of reports that the City of Springdale would receive. How often would the City of Springdale receive the reports?
4. Please provide background, qualifications and experience of staff providing assessment and treatment to clients.
5. Please provide a list of all locations, including address and telephone numbers, where City of Springdale clients could meet with EAP counselors.
6. Please describe how client contracts are handled with your organization (i.e., switchboard, message center, intake counselor, etc.).
7. Do you have a 24-hour toll-free number available for employees to call? Are counselors/treatment available on a 24-hour basis? What is the number and type of staff available during non-business hours? What are your normal business hours?
8. If short-term counseling is required, how many sessions would you provide for the member?
9. What experience have you had in coordinating treatment within an employee's health insurance network and benefit plan limitations?
10. What experience have you had with conflict resolution/mediation in the workplace?
11. Please identify the process you would follow for a workplace referral.
12. Please identify community resources with whom you interact and to whom you make referrals.

COMMUNICATION AND TRAINING

1. Please provide samples of brochures, posters, payroll stuffers, etc. related to communicating your EAP services to employees.
2. Please explain the experience you have in providing the required training to supervisors, managers and employees.
3. Who would be assigned to conduct these training programs and what are their qualifications?
4. Please provide a preview of training materials that would be used for supervisory training and “brown bags”. Please list what types of training you would recommend to offer to employees and/or supervisors.

COST

1. Please provide a per employee per month/year cost or flat annual fee for providing the EAP benefit and identify the specific services that are included in that cost.
2. Please provide a cost proposal with a not-to-exceed rate guarantee for subsequent years (up to a three-year period).
3. Please identify if training sessions would be included in the cost per employee or whether there is an additional charge. If the training is included in the cost per employee, please list the number of training sessions that would be provided annually. If the training is not included in the cost per employee charge, please identify the training costs. If additional training is needed, please identify specific costs related to training programs.
4. Please explain your billing process and billing cycle.

GENERAL INFORMATION

1. Please provide information concerning your organization’s experience in the area of employee assistance services.
2. Please provide the company name, contact person and telephone number of the following clients of your organization which we may contact for references:
 - a. Your two largest Arkansas clients
 - b. Your two largest municipal clients
 - c. Any other clients of your choice
3. Please provide proof and amount of liability insurance coverage carried by your agency.
4. Provide any supplemental information you consider relevant or beneficial under the above categories.

**CITY OF SPRINGDALE
RFP PROPOSAL FORM**

Employee Assistance Program (EAP)

Year 1 Cost \$_____ per employee = \$_____ per year

Year 2 Cost \$_____ per employee = \$_____ per year

Year 3 Cost \$_____ per employee = \$_____ per year

Attach all materials outlined in RFP to this form. Attach any exception to this RFP or options.

Signature of Authorized Person Date

Printed Name of Authorized Person and Title

Name of Company

Address of Company

City, State, and Zip Code